

LICENSED SERVICES AND UTILIZATION PROFILES



INSTRUCTIONS

ANNUAL UTILIZATION REPORT OF HOSPITALS

REPORT PERIOD:
JANUARY 1, 2001 THROUGH DECEMBER 31, 2001

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
ACCOUNTING AND REPORTING SYSTEMS SECTION
LICENSED SERVICES DATA AND COMPLIANCE UNIT
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INTRODUCTION

This booklet contains instructions for completing the 2001 Annual Utilization Report of Hospitals.

USE THIS BOOKLET TO COMPLETE THE ANNUAL UTILIZATION REPORT OF HOSPITALS

If any of the Instructions are unclear and you need assistance completing the report, contact the Office of Statewide Health Planning and Development (OSHDP), Licensed Services Data and Compliance Unit at (916) 323-7685.

TIPS FOR COMPLETING THE REPORT:

1. The Long-term Care section of the Annual Report should be completed first.
2. If you are filing Reports for two or more hospitals, file a separate report for each hospital. **Do not combine data for more than one hospital.**
3. Double-check all mathematical calculations.
4. **Nine Digit Identification Number**

This number can be found above the hospital name on Page 1 of the Reporting Form.

INSTRUCTIONS

This Annual Report is for the calendar year (January 1 through December 31). If the hospital operated less than a full calendar year, report the data for the time the hospital was in operation.

The completed form must include the printed name and signature of the hospital administrator. Please make sure that the report also includes the name and telephone number of the person completing the report.

INSTRUCTIONS - PAGE 1

Line 3

Column 1: Enter the hospital's MAIN telephone number.

Column 2: Enter the hospital's FAX machine number, if available.

INSTRUCTIONS - PAGE 2

COMPLETE THIS PAGE ONLY IF THE HOSPITAL WAS CLOSED, IN SUSPENSE, CHANGED LICENSEE (OWNERSHIP), OR WAS NEWLY LICENSED (OPENED) DURING THE REPORTING YEAR.

LICENSEE DATA

A. DATES OF OPERATION: The dates the hospital was in operation during the calendar year.

Line 1

Column 1: Enter the numbers 01/01 if the hospital was licensed on January 1 of the reporting year. If the hospital was licensed after January 1, enter the date the hospital was first licensed. (THIS DATE CAN BE FOUND ON THE HOSPITAL LICENSE).

Column 2: If the hospital was closed or in suspense before December 31 of the reporting year, enter the date of de-licensure or suspense.

B. LICENSEE (OWNERSHIP) TYPE:

Line 2 Refer to the Table "Licensee (Ownership) Codes," and enter the number of the category that best describes the hospital's ownership.

C. PRINCIPAL SERVICE TYPE:

Line 3 Use the "Principal Service Codes" Table, enter the number of the category that best describes the type of service provided to the majority of the hospital's patients.

INSTRUCTIONS - PAGE 3

A. HOSPICE PROGRAM:

Line 1 Enter the number 1 if the hospital offered a Hospice Program at any time during the calendar year. Leave the line blank if the hospital did not offer a Hospice Program.

Line 2 If the number 1 (yes) is entered at line 1 above, enter the number that identifies the bed classification used for this service.

LONG-TERM CARE SERVICES

B. CERTIFICATIONS

Line 5, Columns 1 through 5

Check the appropriate boxes for each Medicare and Medi-Cal program in which the hospital participated during the year. If the hospital is certified for participation in the Medicare and/or Medi-Cal programs, bed utilization and reimbursement on page 4, Table B, should be consistent with those certifications.

C. LENGTH OF STAY IN HOSPITAL

TABLE A - Discharged Long-term Care Patients by Length of Stay

Lines 12 through 22

Enter the number of long-term care patients whose length of stay AT DISCHARGE corresponds with the length of stay categories in this Table.

Line 11, Total Long-term Care Discharges

Enter the sum of lines 12 through 22. This will be the same as the number of discharges reported on page 4, line 3, column 6.

D. SPECIAL PROGRAMS FOR HOSPITAL-BASED LONG-TERM CARE PATIENTS

Line 41

Enter the number of patients diagnosed with Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Condition (ARC), Prodromal AIDS or a HIV related disease or illness during the calendar year.

Line 42

Enter the number 1 if the hospital had a specialized program for Alzheimer patients during the calendar year.

A Specialized Alzheimer Program is a therapeutic program of services designed, staffed, and set up to meet the specific needs of the Alzheimer patient population.

Line 43

Enter the number of patients who had a primary or secondary diagnosis of Alzheimer Disease during the calendar year.

INSTRUCTIONS - PAGE 4

TABLE B - LONG-TERM CARE INPATIENT UTILIZATION

Line 1, Columns 1 through 4 - Patient Census December 31, 2000

Enter the total number of long-term care patients that were in each bed classification on December 31, 2000. Please refer to page 4, line 4, columns 1 through 6 of your 2000 Annual Report. *If the Census reported for December 31, 2000 was incorrect, attach a letter from the administrator explaining the difference.*

If patients are shown for the SN/MD (Mentally Disordered) bed classification (column 3), there should be patients listed on page 5 in the age groups under 45, 45-54, and 55-64.

Line 1, Column 6 - Total Census December 31, 2000

Enter the sum of line 1, columns 1 through 4. The total Census should not exceed licensed beds.

EXAMPLE: If your hospital is licensed for 99 beds, the Census on December 31 should not exceed 99 patients.

Line 2, Columns 1 through 4 - Admissions

Enter the number of long-term care patients admitted during the year into each of the four bed classifications listed at the top of the Table.

Line 2, Column 6 - Total Admissions

Enter the sum of line 2, columns 1 through 4. This number must be the same as the sum of line 2, columns 7 through 12. The sum of these columns must equal line 2, column 6.

Line 2, Columns 7 through 12 - Admission Source

Enter by "Places Admitted From", the number of long-term care patients admitted during the year. Admissions from a source not listed on the must be reported as "Other".

SOURCE OF ADMISSION NOTES:

- **Admissions From:**

- Group Home should be "Residential/Board & Care Home".
- Retirement Center should be "Residential/Board & Care Home".
- VA (Hospital) should be "Hospital".
- County Hospital should be "Hospital".
- Jail should be specified "Other".

Line 3, Columns 1 through 4 - Discharges

Enter the total number of patients discharged during the year from each of the four bed classifications.

Line 3, Column 6 - Total Discharges

Enter the sum of line 3, columns 1 through 4. This number must be the same as the sum of line 3, columns 7 through 14. NOTE: The number of discharges must equal the number of discharges on page 3, line 11, Table A.

Line 3, Columns 7 through 14 - Places Discharged To

Enter by "Place Discharged To", the number of patients discharged from your hospital during the calendar year. Discharges to places not shown on the Annual Report must be reported as "Other." The sum of these columns must equal line 7, column 6.

PLACE DISCHARGED TO NOTES:

- **Discharges To:**

- Group Home should be "Residential/Board & Care Home".
- Retirement Centers should be "Residential/Board & Care Home".
- VA (Hospitals) should be "Hospital".
- County Hospital should be "Hospital".
- Jail and intra-hospital transfers should be specified "Other".

Line 4, Columns 1 through 4 - Census December 31, 2001

Enter, by bed classification, the total number of patients in the hospital on December 31. ***BED HOLDS ARE CONSIDERED OCCUPIED AND MUST BE COUNTED IN THE CENSUS. THE TOTAL CENSUS SHOULD NOT EXCEED THE TOTAL NUMBER OF LICENSED BEDS.***

If patients are shown for the SN/MD bed classification (column 3), there should be patients listed on page 5 in the age groups under 45, 45-54, and 55-64.

Line 4, Column 6 - Total Census December 31, 2001

Enter the sum of line 4, columns 1 through 4, this number will be the same as the sum of line 4, columns 7 through 14.

Line 4, Columns 7 through 14 – Census by Payment Source

From the December 31 Census, enter the number of patients whose primary payment (reimbursement) source is listed. The sum of these columns must equal line 4, column 6. All patients must be included in the count. If "Other" is 10% or greater, please *specify*.

If the hospital did not participate in the Medicare or Medi-Cal programs during the year, do not include entries in columns 7 and 8.

Line 5, Columns 1 through 4 - Patient (Census) Days

Enter by bed classification, the cumulative number of days all patients stayed in the hospital during the calendar year.

Line 5, Column 6 - Total Patient Days

Enter the sum of line 5, columns 1 through 4. *[The total number of patient days must not exceed: (total number of licensed beds) X (number of days in the year)].*

Lines 6 and 7, Columns 1 through 6

For State Use Only

Line 8, Column 1 - Swing Beds

Enter the number of Long-term Care (LTC) Swing beds that appear on your current license. To have swing beds, the hospital must be located in a rural area and licensed for less than 100 Acute Beds.

Line 8, Column 6 - Total Swing Beds

Enter the amount shown on line 8, column 1.

**INSTRUCTIONS - PAGE 5
DECEMBER 31, 2001 CENSUS DAY**

A. TOTAL NUMBER OF LTC INPATIENTS

Line 1 - Total Inpatients on December 31

Enter on line 1 the total number of LTC inpatients on December 31 of the reporting year. *This total must equal the total on page 4, line 4, column 6.*

Line 2 - Total Male Inpatients on December 31

Enter on line 2 the total number of MALE LTC inpatients on December 31 of the reporting year.

Line 3 - Total Female Inpatients on December 31

Enter on line 3 the total number of FEMALE LTC inpatients on December 31 of the reporting year.

B. RACE/ETHNICITY AND AGE OF MALE LTC INPATIENTS ON DECEMBER 31

Lines 4 - 11, Columns 1 - 7

Enter the total number of MALE LTC patients in the hospital, on December 31 of the report year under the appropriate Race/Ethnicity and Age Groups.

Line 12, Columns 1 - 7

Enter the sum of Lines 4 - 11, Columns 1 - 7.

C. RACE/ETHNICITY AND AGE OF FEMALE LTC INPATIENTS ON DECEMBER 31

Lines 13 - 20, Columns 1 - 7

Enter the total number of FEMALE patients in the hospital, on December 31 of the reporting year under the appropriate Race/Ethnicity and Age Groups.

Line 21, Columns 1 - 7

Enter the sum of Lines 13 - 20, Columns 1 - 7.

NOTE: Female Patients plus Male Patients MUST equal the number of patients entered on Page 5, Line 1 and on Page 4, Line 4, Column 6

**INSTRUCTIONS - PAGE 6
SUBACUTE CARE PATIENTS**

A. MEDI-CAL SUBACUTE CARE PATIENTS

Line 1 Enter the number of subacute beds contracted for with the Medi-Cal Program on December 31 of the reporting year.

Line 2

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under in the hospital on December 31 of the reporting year.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over in the hospital on December 31 of the reporting year.

Line 3

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under admitted during the year.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over admitted during the year.

Line 4

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under discharged during the year.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over discharged during the year.

Line 5

Column 1 Enter the number of Medi-Cal subacute Patient Days of care provided during the year for patients age 20 and under.

Column 2 Enter the number of Medi-Cal subacute Patient Days of care provided during the year for patients age 21 and over.

B. PLACE MEDI-CAL SUBACUTE PATIENTS WERE ADMITTED FROM (Source of Admission)

Line 10

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under who were admitted from their Home, or the home of a relative or friend.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over who were admitted from their Home, or the home of a relative or friend.

Line 11

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under who were admitted from a State Hospital.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over who were admitted from a State Hospital.

Line 12

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under who were admitted from a Residential Board and Care facility.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over who were admitted from a Residential Board and Care facility.

Line 13

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under who were admitted from this or another Hospital.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over who were admitted from this or another Hospital.

Line 14

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under who were admitted from an Other LTC facility.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over who were admitted from an Other LTC facility.

Line 15

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under who were admitted from sources other than those listed above (please specify).

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over who were admitted from sources other than those listed above (please specify).

NOTE: *The sum of lines 10 through 15, Column 1, **must** equal the number of patients reported on line 3, column 1. The sum of lines 10 through 15, Column 2, **must** equal the number of patients reported on line 3, column 2.*

C. PLACE MEDI-CAL SUBACUTE PATIENTS WERE DISCHARGED TO (Disposition of Patient)

Line 20

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under who were discharged to the patient's Home, or the home of a relative or friend.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over who were discharged to the patient's Home, or the home of a relative or friend.

Line 21

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under who were discharged to a State Hospital.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over who were discharged to a State Hospital.

Line 22

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under who were discharged to a Residential Board and Care facility.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over who were discharged to a Residential Board and Care facility.

Line 23

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under who were discharged to this or another Hospital.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over who were discharged to this or another Hospital.

Line 24

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under who were discharged to an Other LTC facility.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over who were discharged to an Other LTC facility.

Line 25

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under who were discharged to a health facility other than those listed above (please specify on line provided).

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over who were discharged to a health facility other than those listed above (please specify on line provided).

Line 26

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under who Died after admission and before leaving the hospital.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over who Died after admission and before leaving the hospital.

NOTE: *The sum of lines 20 through 26, Column 1, **must** equal the number of patients reported on line 4, column 1. The sum of lines 20 through 26, Column 2, **must** equal the number of patients reported on line 4, column 2.*

D. SUBACUTE PATIENTS ON DECEMBER 31 REQUIRING LISTED PROCEDURES

Line 31

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under on December 31 who required a Tracheostomy with Ventilator.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over on December 31 who required a Tracheostomy with Ventilator.

Line 32

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under on December 31 who required a Tracheostomy without Ventilator.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over on December 31 who required a Tracheostomy without Ventilator.

Line 33

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under on December 31 who required Tube Feeding (Nasogastric or gastrostomy).

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over on December 31 who required Tube Feeding (Nasogastric or gastrostomy).

Line 34

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under on December 31 who required Total Parenteral Nutrition (TPN).

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over on December 31 who required Total Parenteral Nutrition (TPN).

Line 35

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under on December 31 who required Physical Therapy.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over on December 31 who required Physical Therapy.

Line 36

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under on December 31 who required Speech Therapy.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over on December 31 who required Speech Therapy.

Line 37

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under on December 31 who required Occupational Therapy.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over on December 31 who required Occupational Therapy.

Line 38

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under on December 31 who required IV Therapy.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over on December 31 who required IV Therapy.

Line 39

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under on December 31 who required Wound Care.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over on December 31 who required Wound Care.

Line 40

Column 1 Enter the number of Medi-Cal subacute patients age 20 and under on December 31 who required Peritoneal Dialysis.

Column 2 Enter the number of Medi-Cal subacute patients age 21 and over on December 31 who required Peritoneal Dialysis.

NOTE: Patients may be counted more than once in Section D as they may require more than one treatment/procedure.

INSTRUCTIONS - PAGE 7

COMPLETE THIS PAGE ONLY IF THE HOSPITAL HAS LICENSED ACUTE PSYCHIATRIC BEDS OR IS A LICENSED PSYCHIATRIC HEALTH HOSPITAL.

TABLE A - ACUTE PSYCHIATRIC PATIENTS

Line 2

Enter the number of patients in **locked** Acute Psychiatric Beds on December 31.

Line 3

Enter the number of patients in **open** Acute Psychiatric Beds on December 31.

Line 1

Enter the sum of lines 2 and 3. Transfer this number to page 8, line 20, column 1.

TABLE B – ACUTE PSYCHIATRIC PATIENTS BY AGE CATEGORY ON DECEMBER 31

Lines 7 through 9

Enter the number of Psychiatric Patients in each age group on December 31.

Line 6

Enter the sum of lines 7 through 9. The number must equal the number of patients shown on line 1, Table A.

TABLE C - CHEMICAL DEPENDENCY RECOVERY SERVICES PROVIDED IN ACUTE PSYCHIATRIC BEDS

COMPLETE TABLE C ONLY IF THE HOSPITAL PROVIDED CHEMICAL DEPENDENCY RECOVERY SERVICES (CDRS) IN ACUTE PSYCHIATRIC BEDS AS SHOWN ON YOUR LICENSE. DO NOT INCLUDE THIS DATA ON PAGE 8 OF THIS REPORT.

Line 15

Column 1: Enter the number of Chemical Dependency Recovery Patients (CDR), in Licensed Acute Psychiatric Beds on December 31.

Column 2: Enter the number of CDR Patients that were discharged (left the hospital) during the reporting year.

Column 3: Enter the cumulative number of census days all CDR Patients stayed in Acute Psychiatric Beds during the reporting year.

TABLE D - NUMBER OF ACUTE PSYCHIATRIC PATIENTS BY PRIMARY PAYER ON DECEMBER 31.

Line 20

Enter the number of patients in Acute Psychiatric Beds on December 31. *The number must equal the number of patients shown page 7, line 1, Table A.*

Lines 21 through 27

Enter the number of Acute Psychiatric patients in the hospital on December 31 by primary payer. The sum of these lines must equal the number of patients shown on line 20.

NOTE: If line 23 has an entry, the number "1" should be entered on line 30. Short-Doyle (line 23) includes Short-Doyle Medi-Cal.

Line 30

Enter "1" (yes) if the hospital provided Acute Psychiatric care under a Short-Doyle Contract. Enter "2" (no) if the hospital did not provide Acute Psychiatric care under a Short-Doyle Contract. NOTE: Short-Doyle refers to a contract with the Department of Mental Health (DMH). County hospitals generally do not have a contract with the DMH.

INSTRUCTIONS - PAGE 8

INPATIENT BED UTILIZATION

HOSPITALS MAY USE 100% OF THE LICENSED MEDICAL/SURGICAL BEDS BETWEEN THE GAC BED DESIGNATIONS OF PERINATAL, PEDIATRICS, INTENSIVE CARE, CORONARY CARE, ACUTE RESPIRATORY CARE, AND REHABILITATION CENTER BEDS.

DO NOT INCLUDE NURSERY PATIENTS IN THE BED UTILIZATION ON THIS PAGE!

A. INPATIENT BED UTILIZATION

Line 1 MEDICAL/SURGICAL BEDS: General Acute Care beds not otherwise designated.

Column 1: Enter the number of patients in Medical/Surgical Beds on December 31.

Column 2: State use only.

Column 3: Enter the number of patients discharged (left the hospital) from Medical/Surgical Beds during the reporting year.

Column 4: N/A

Column 5: Enter the cumulative number of census days for all patients that stayed in Medical/Surgical Beds from January 1 through December 31. [The total number of days should not exceed the **(number of licensed beds) X (number of days in the year)**].

Line 2 PERINATAL BEDS: Bed designation for maternity services. This category excludes all newborns, and gynecological patients. Include patients who **do not** deliver (false labor).

Column 1: Enter the number of patients in Perinatal Beds on December 31.

Column 2: State use only.

Column 3: Enter the number of patients discharged (left the hospital) from Perinatal Beds from January 1 through December 31.

Column 4: N/A

Column 5: Enter the cumulative number of census days for all patients that stayed in Perinatal Beds from January 1 through December 31. The number of days should not exceed the **(number of licensed beds) X (number of days in the year)**.

Line 3 PEDIATRIC BEDS: Medical/Surgery Beds for patients under 14 years of age.

Column 1: Enter the number of patients in Pediatric Beds on December 31.

Column 2: State use only.

Column 3: Enter the number of patients discharged (left the hospital) from Pediatric Beds from January 1 through December 31.

Column 4: N/A

Column 5: Enter the cumulative number of census days for all patients that stayed in Pediatric Beds from January 1 through December 31. The number of days should not exceed the **(number of licensed beds) X (number of days in the year)**.

NOTE: LINES 4 THROUGH 8 ARE INTENSIVE CARE OR CRITICAL CARE BEDS. THESE BEDS HAVE A STAFFING RATIO OF 1 REGISTERED NURSE TO TWO PATIENTS, AND MAY GENERALLY HAVE MORE INTRA-HOSPITAL TRANSFERS THAN DISCHARGES.

Line 4 INTENSIVE CARE BEDS: Beds for the treatment and continuous monitoring of patients with life threatening conditions.

- Column 1:** Enter the number of patients in Intensive Care Beds on December 31.
- Column 2:** State use only.
- Column 3:** Enter the number of patients discharged (left the hospital) from Intensive Care Beds from January 1 through December 31.
- Column 4:** Enter the number of patients transferred from an Intensive Care Bed to a bed designation of a lower level, usually a Medical/Surgical Bed, prior to being discharged from the hospital. These transfers are often called "in-house discharges" or "service discharges".
- Column 5:** Enter the cumulative number of census days for all patients that stayed in Intensive Care Beds from January 1 through December 31. [The total number of days should not exceed the **(number of licensed beds) X (number of days in the year)**].

Line 5 CORONARY CARE BEDS: Beds for providing specialized medical and nursing treatment to patients suspected of, or having significant coronary artery disease or heart failure.

- Column 1:** Enter the number of patients in Coronary Care Beds on December 31.
- Column 2:** State use only.
- Column 3:** Enter the number of patients discharged (left the hospital) from Coronary Care Beds from January 1 through December 31.
- Column 4:** Enter the number of patients transferred from a Coronary Care Bed to a bed designation of a lower level, usually a Medical/Surgical Bed.
- Column 5:** Enter the cumulative number of census days for all patients that stayed in Coronary Care Beds from January 1 through December 31. [The total number of days should not exceed the **(number of licensed beds) X (number of days in the year)**].

Line 6 ACUTE RESPIRATORY CARE BEDS: Beds with specially trained nursing and supportive personnel who provide specialized medical and nursing care to patients with acute respiratory problems.

- Column 1:** Enter the number of patients in Acute Respiratory Care Beds on December 31.
- Column 2:** State use only.
- Column 3:** Enter the number of patients discharged (left the hospital) from Acute Respiratory Care Beds from January 1 through December 31.
- Column 4:** Enter the number of patients transferred from an Acute Respiratory Care Bed to a bed designation of a lower level prior to being discharged from the hospital.
- Column 5:** Enter the cumulative number of census days for all patients that stayed in Acute Respiratory Care Beds from January 1 through December 31. [The total number of days should not exceed the **(number of licensed beds) X (number of days in the year)**].

Line 7 BURN CENTER BEDS: Beds staffed with specially trained medical and supportive personnel who provide specialized medical and nursing care to severely burned patients. Severely burned patients have second degree burns over more than 25% of the total body surface, or third degree burns over more than 10% of the total body surface, or any severe burn to the hands, face, eyes, ears, or feet.

Column 1: Enter the number of patients in Burn Center Beds on December 31.

Column 2: State use only.

Column 3: Enter the number of patients discharged (left the hospital) from Burn Center Beds from January 1 through December 31.

Column 4: Enter the number of patients transferred from a Burn Center Bed to a bed designation of a lower level, prior to being discharged from the hospital.

Column 5: Enter the cumulative number of census days for all patients that stayed in Burn Center Beds from January 1 through December 31. [The total number of days should not exceed the **(number of licensed beds) X (number of days in the year)**].

Line 8 INTENSIVE CARE NEWBORN NURSERY: Provides comprehensive and intensive care for all contingencies of the newborn infant.

Column 1: Enter the number of infants in Intensive Care Newborn Nursery (ICNN) Beds on December 31.

Column 2: State use only.

Column 3: Enter the number of infants discharged (left the hospital) from ICNN Beds from January 1 through December 31.

Column 4: Enter the number of newborn infants transferred from ICNN beds to another bed designation prior to being discharged from the hospital.

Column 5: Enter the cumulative number of census days for each newborn infant that stayed in an ICNN Bed from January 1 through December 31. [The total number of days should not exceed the **(number of licensed beds) x (number of days in the year)**].

Line 10 REHABILITATION CENTER BEDS: Beds used specifically for Physical, Occupational, and Speech therapy.

Column 1: Enter the number of patients in Rehabilitation Center Beds on December 31.

Column 2: State use only.

Column 3: Enter the number of patients discharged, (left the hospital), from Rehabilitation Center Beds from January 1 through December 31.

Column 4: N/A

Column 5: Enter the cumulative number of census days for all patients that stayed in Rehabilitation Center Beds from January 1 through December 31. [The total number of days should not exceed the **(number of licensed beds) X (number of days in the year)**].

Line 16 SUBTOTAL GENERAL ACUTE CARE

Column 1: Enter the sum of lines 1 through 10. The number of patients should not exceed the number of licensed General Acute Care Beds.

Column 2: State use only.

Column 3: Enter the sum of lines 1 through 10.

Column 4: N/A

Column 5: Enter the sum of lines 1 through 10.

COMPLETE THE FOLLOWING LINE IF THIS SERVICE WAS PROVIDED IN A LICENSED CHEMICAL DEPENDENCY RECOVERY (CDR) BED, NOT A LICENSED GENERAL ACUTE CARE (GAC) BED.

Line 18 CHEMICAL DEPENDENCY RECOVERY HOSPITAL BEDS

Column 1: Enter the number of patients in licensed Chemical Dependency Recovery Beds on December 31. The total number of patients should not exceed the number of licensed Chemical Dependency Recovery Beds.

Column 2: State use only.

Column 3: Enter the number of patients discharged (left the hospital) from licensed Chemical Dependency Recovery Beds from January 1 through December 31.

Column 4: N/A

Column 5: Enter the cumulative number of census days for all patients that stayed in licensed Chemical Dependency Recovery Beds from January 1 through December 31. [The total number of days should not exceed the **(number of licensed beds) X (number of days in the year)**].

Line 20 ACUTE PSYCHIATRIC BEDS: Beds designated for Acute Psychiatric, Developmentally Disabled, or Drug Abuse Patients receiving 24-hour medical care.

Column 1: Enter the number of patients reported on page 7, line 1, Table A.

Column 2: State use only.

Column 3: Enter the number of patients discharged (left the hospital) from Acute Psychiatric Beds from January 1 through December 31.

Column 4: N/A

Column 5: Enter the cumulative number of census days for all patients that stayed in Acute Psychiatric Beds from January 1 through December 31. [The total number of days may not exceed the **(number of licensed beds) X (number of days in the year)**].

Line 25 SKILLED NURSING: Beds for continuous nursing and supportive services on a long-term basis.

Column 1: Enter the sum of line 4, columns 1 and 3, page 4.

Column 2: State use only.

Column 3: Enter the sum of line 3, columns 1 and 3, page 4.

Column 4: N/A

Column 5: Enter the sum of line 5, columns 1 and 3, page 4.

Line 30 INTERMEDIATE CARE: Beds for intermittent nursing care and supportive services on a long-term basis. This is a lower level than Skilled Nursing General.

Column 1: Enter the sum of line 4, columns 2 and 4, page 4.

Column 2: State use only.

Column 3: Enter the sum of line 3, columns 2 and 4, page 4.

Column 4: N/A

Column 5: Enter the sum of line 5, columns 2 and 4, page 4.

Line 40 HOSPITAL TOTAL: The sum of General Acute Care Beds, line 16; Chemical Dependency Recovery Hospital Beds, line 18; Acute Psychiatric Beds, line 20; Skilled Nursing Beds, line 25; and Intermediate Care Beds, line 30.

Column 1: Enter the sum of column 1, lines 16, 18, 20, 25, and 30. The total may not exceed the total number of licensed beds.

Column 3: Enter the sum of column 3, lines 16, 18, 20, 25, and 30.

Column 5: Enter the sum of column 5, lines 16, 18, 20, 25, and 30. [The number of days should not exceed the **(total number of licensed beds) X (number of days in the year)**].

COMPLETE THE FOLLOWING SECTION ONLY IF CHEMICAL DEPENDENCY RECOVERY (CDR) SERVICE IS PROVIDED IN LICENSED GAC BEDS. DO NOT INCLUDE DATA FOR CDR SERVICES PROVIDED IN LICENSED CDR BEDS LINE 18, OR ACUTE PSYCHIATRIC BEDS, PAGE 7, LINE 15, COLUMNS 1, 2, AND 3.

Line 45 - CHEMICAL DEPENDENCY RECOVERY SERVICES PROVIDED IN LICENSED GENERAL ACUTE CARE BEDS: These GAC Beds are used for the diagnosis and treatment of substance abuse patients.

Column 1: Enter the number of patients in licensed GAC Beds who were receiving CDR Services on December 31.

Column 2: Enter the number of patients discharged who received CDR Services in GAC Beds, and were discharged during the reporting year.

Column 3: Enter the cumulative number of census days for all patients receiving CDR Services stayed in GAC Beds from January 1 through December 31. The total number of days should not exceed the **(number of licensed beds) X (number of days in the year)**.

INSTRUCTIONS PAGE 9

CARDIAC SURGERY AND CARDIAC CATHETERIZATION

Line 10

Enter the number of surgical operating rooms that on December 31 were equipped to do Cardiac Surgery with Extracorporeal (occurring outside the body) bypass. If there were no operating rooms equipped to perform this procedure, enter the number "0".

Line 11

Enter the number of cardiac surgeries with Extracorporeal Bypass performed on pediatric patients (patients under 14 years of age) from January 1 through December 31.

ICD-9-CM codes: 35.00-39.66 with 39.61 or 39.65 or 39.66

CPT codes: 33010-33999 with 36822 (and/or 33960 for prolonged maintenance)

Line 12

Enter the number of cardiac surgeries with Extracorporeal Bypass performed on adult patients from January 1 through December 31.

ICD-9-CM codes: 35.00-39.66 with 39.61 or 39.65 or 39.66

CPT codes: 33010-33999 with 36822 (and/or 33960 for prolonged maintenance)

Line 13

Enter the sum of lines 11 and 12.

CARDIAC CATHETERIZATION: Laboratory procedures to obtain Physiologic, Pathologic, and Angiographic data on patients with Cardiovascular Disease.

Line 20

Enter the number of procedure (operating) rooms, on December 31, equipped to do Cardiac Catheterization. If there are no rooms equipped to perform this procedure, enter the number "0".

TABLE B - CATHETERIZATION LAB UTILIZATION

Line 23

Column 1: Enter the number of Diagnostic Cardiac Catheterization Procedures performed on pediatric patients (patients under 14 years of age) from January 1 through December 31. (See attachment A, page 28, for types of Diagnostic Catheterization).

Column 2: Enter the number of Therapeutic Cardiac Catheterization Procedures performed on pediatric patients (patients under 14 years of age) from the period of January 1 through December 31. (See attachment A, page 28, for types of Therapeutic Catheterization).

Line 24

Column 1: Enter the number of Diagnostic Cardiac Catheterization procedures performed on adult patients from January 1 through December 31. (See attachment A, page 28 for types of Diagnostic Catheterization).

Column 2: Enter the number of Therapeutic Cardiac Catheterization procedures performed on adult patients from the period of January 1 through December 31. (See attachment A, page 28, for types of Therapeutic Catheterization).

Line 25

Column 1: Enter the sum of lines 23 - 24, column 1.

Column 2: Enter the sum of lines 23 - 24, column 2.

TABLE C - DISTRIBUTION OF THERAPEUTIC CARDIAC CATHETERIZATIONS BY TYPE

Line 26 Enter the number of Permanent Pacemaker Implantation.

Line 27 Enter the number of Percutaneous Transluminal Coronary Angioplasties (PTCA's) AKA, Balloon Angioplasty

PTCA (coronary arteries only): ICD-9-CM codes: 36.01, 36.02 or 36.05

CPT codes: 92982-92984

PTA (non-coronary arteries) - percutaneous transluminal angioplasty:

TBA (non-coronary arteries) - transluminal balloon angioplasty:

ICD-9-CM codes: 39.50

CPT codes: 35450-35476

Line 28 Enter the number of Percutaneous Transluminal Balloon Valvuloplasties (PTBV's).

ICD-9-CM codes: 35.96 (formerly it used to be 35.03) (note this is just PTV)

CPT codes: 92990 (specially for pulmonary valve)

There are other balloon valvuloplasty done around the heart, such as the mitral valve and aortic valve.

Percutaneous transluminal valvuloplasty of mitral valve

ICD-9-CM codes: 35.96 (note this is just PTV)

CPT codes: 92987 (specifically for mitral valve)

Percutaneous transluminal valvuloplasty of aortic valve

ICD-9-CM codes: 35.96 (note this is just PTV)

CPT codes: 92986 (specifically for aortic valve)

Line 29 Enter the number of Thrombolytic Agents, i.e. chemicals introduced by cardiac catheter or IVs to dissolve blood clots lodged in arteries, e.g., Streptokinase Infusion.

Line 30 Enter the number of Other Therapeutic Catheterizations and please SPECIFY type if greater than 10% of line 31 below.

Line 31 Enter the sum of lines 26 through 30. The number must equal line 25, column 2.

INSTRUCTIONS - PAGE 10

BIRTH AND ABORTION DATA

Line 6

Enter the number of live births occurring in the hospital from January 1 through December 31. The number of births should be approximately the same as the number of Perinatal Discharges reported on page 8, line 2, column 3.

Line 7

Enter the number of live births under 2500 grams (5 lbs. 8 oz.), occurring in the hospital from January 1 through December 31.

Line 8

Enter the number of live births under 1500 grams (3 lbs. 5 oz.), occurring in the hospital from January 1 through December 31.

Line 9

Enter the number of induced (chemical or surgical) abortions performed on an inpatient basis.

Line 10

Enter the number of induced (chemical or surgical) abortions performed on an outpatient basis.

Line 11

Enter the number "1" (yes) if the hospital had live births in an alternative setting. *Leave blank if the hospital did NOT have live births in an alternative setting.*

THE ALTERNATIVE SETTINGS FOR THIS REPORT ARE "LABOR, DELIVERY, AND RECOVERY" (LDR), AND "LABOR, DELIVERY, RECOVERY, AND POSTPARTUM" (LDRP).

Line 12

Column 1: Place an "X" in column 1 if the births occurred in the LDR/ABC setting.

Column 2: Place an "X" in column 2 if the births occurred in the LDRP setting.

Line 13

Enter the number of live births reported on line 6 that occurred in your alternative setting. This line must have an entry if the number "1" (yes) is entered on line 11.

Line 14

Enter the number of live births reported on line 6 that were Caesarean Section deliveries.

Line 15

Enter the number of newborn nursery census days for the hospital from January 1 through December 31. *Non-acute newborn nursery days refer to the condition of the baby, not the location.*

INSTRUCTIONS - PAGE 11

TABLE A - SURGICAL SERVICES

Line 1 -INPATIENT SURGICAL SERVICES

Column 1: Enter the number of inpatient surgical operations performed from January 1 through December 31. Report only those surgical operations performed in a SURGICAL SUITE.

Column 2: Enter the cumulative number of *anesthesia minutes* for all inpatient surgical operations performed from January 1 through December 31. **If general anesthesia is not administered, OPERATING ROOM MINUTES are the number of minutes between the beginning and ending of the surgery.**

Line 2 - OUTPATIENT SURGICAL SERVICES

Column 1: Enter the number of outpatient surgical operations performed from January 1 through December 31. Report only those surgical operations performed in a SURGICAL SUITE.

Column 2: Enter the cumulative number of *anesthesia minutes* for all outpatients surgical operations performed from January 1 through December 31. **If general anesthesia is not administered, OPERATING ROOM MINUTES are the number of minutes between the beginning and ending of the surgery.**

Line 5

Enter the number "1" (Yes), if the hospital had an organized ambulatory surgical program from January 1 through December 31. Leave blank if the hospital did not have an organized ambulatory surgical program from January 1 through December 31.

Line 10

Enter the number of surgical operating rooms in the hospital on December 31. (Include special procedure rooms: i.e., Cystoscopy Rooms, Cardiovascular Surgery Rooms, and other rooms in which surgeries were performed.)

Line 11

Enter the number of surgical operating rooms used exclusively for outpatient surgery.

Line 12

Enter the number of surgical operating rooms used for both inpatient and outpatient surgery.

Line 13

Enter the number of surgical operating rooms used exclusively for inpatient surgery.

INSTRUCTIONS - PAGE 12

RADIATION THERAPY SERVICE
(Megavoltage Machines Only)

Line 1

Enter "1" (Yes) if Radiation Therapy Service appeared on the hospital license and you provide this service. Enter "2" (No) if Radiation Therapy Services did not appear on the hospital license and you do not provide this service.

TABLE B - MEGAVOLTAGE MACHINES:

This is specialized equipment in the super-voltage and megavoltage (OVER 1 MILLION VOLTS) range used for deep therapy treatment of cancer. This includes cobalt units with a Surface to Skin Distance (SSD) of greater than 80 cm linear accelerators with or without electron beam therapy capability Betatron and Van de Graff Machines.

Lines 10 through 14

Column 1: Enter the number corresponding to the type of Megavoltage Machine used in Radiation Therapy Services from January 1 through December 31.

Column 2: Enter the year each machine listed in column 1 was first put into use.

Column 3: Enter the number of calendar days each machine listed in column 1 was used from January 1 through December 31.

Column 4: Enter the number of treatment (patient) visits from January 1 through December 31 for each machine listed in column 1.

Column 5: Enter the maximum photon mode voltage of each machine listed in column 1.

Column 6: Enter the maximum electron mode voltage of each machine listed in column 1.

NOTE: *If more than five machines, please attach a separate sheet of paper.*

EMERGENCY MEDICAL SERVICES (EMS)

Line 26

Enter the number of patient treatment stations the hospital had for EMS on December 31. DO NOT COUNT HOLDING OR OBSERVATION BEDS.

Line 28

Enter the number of EMS patient visits. DO NOT INCLUDE EMPLOYEE PHYSICAL AND OTHER SCHEDULED VISITS.

Line 29

Enter the number of NON-URGENT EMS VISITS during the calendar year. This is a visit by a patient with a non-emergency injury, illness, or condition; sometimes chronic; that can be treated in a non-emergency setting and not necessarily on the same day they are seen in the EMS Department (pregnancy tests, toothache, minor cold, ingrown toenail). The CPT Code (2001) for this level of service is 99281 (single problem with straightforward medical decision making).

Line 30

Enter the number of URGENT EMS VISITS during the calendar year. This is a visit by a patient with an acute injury or illness where loss of life or limb is not an immediate threat to his/her well being, or by a patient who needs a timely evaluation (fracture or laceration). The CPT Code (2001) for this level of service is 99282 (low complexity) or 99283 (low to moderate complexity).

Line 31

Enter the number of CRITICAL EMS VISITS during the calendar year. This is a visit by a patient who presents an acute injury or illness that could result in permanent damage, injury or death (head injury, vehicular accident, a shooting). The CPT Code (2001) for this level of service is 99284 (no immediate significant threat to life) or 99285 (immediate threat to life).

Line 32

Enter the number of EMS visits that resulted in an admission to the hospital.

HOSPITAL ANNUAL REPORT GLOSSARY

Acute Care

Short-term Health Care.

Average Daily Census (ADC)

The average number of inpatients, excluding nursery patients, receiving care each day during the reporting period. It is derived by dividing the number of patient (census) days for the reporting period by the number of days in the reporting period.

Average Length of Stay (ALOS)

The average length of stay, usually expressed as days, for a group of patients, excluding nursery patients, discharged during the reporting period. It is derived by the following formula: (length of stay of all patients discharged during the reporting period)/total number by patients discharged.

OSHPD has historically used the following formula to compute average length of stay: (total number of patient days for the reporting period)/ total patients discharged during the reporting period).

In the case of long-term care this formula cannot be used.

Cardiac Catheterization

Diagnostic: The intravascular insertion of a catheter into the heart for the primary definition and diagnosis of an anatomic cardiac lesion.

Therapeutic: The intravascular insertion of a catheter into the heart for therapy, e.g. PTCA's, permanent pacemakers, and thrombolytic agency (e.g., streptokinase infusion), etc.

Cardiovascular Surgery-with Bypass (CV)

Open heart surgery (with extracorporeal bypass, i.e., "using a heart/lung machine"). This is a broader definition than "bypass surgery", because "bypass surgery" (installing a bypass) would be open-heart surgery with extracorporeal bypass, but there are forms of open-heart surgery with extracorporeal bypass that do not involve the installation of a bypass (e.g., heart transplantations).

Chemical Dependency Recovery Hospital Beds

Beds in a Chemical Dependency Recovery Hospital or a General Acute Care Hospital classified by the Division of Licensing and Certification, Department of Health Services, as chemical dependency recovery beds and used for the same services as those in a chemical dependency recovery hospital as defined below.

Chemical Dependency Recovery Hospital (CDRH)

A hospital which provides 24-hour inpatient care for persons who have a dependency on alcohol or other drugs. Care includes patient counseling, group therapy, physical conditioning, family therapy, outpatient services, and dietetic services. The hospital shall have a medical director who is a physician and surgeon licensed in California.

Chemical Dependency Recovery Services (CDRS)

Services provided as a supplemental service in General Acute Care Beds or Acute Psychiatric Beds. The services must be provided in a distinct part of the hospital and are similar to those provided in hospitals licensed as chemical dependency recovery hospitals or in chemical dependency recovery (hospital) beds in general acute care hospitals.

Consolidated License

Occurs when a General Acute Care Hospital includes more than one physical plant on a single license, under specified circumstances. This option became available after Section 1250.8 was added to the Health and Safety Code in 1983. The second physical plant may be another hospital or a Long-term Care Hospital.

Discharge

The formal termination and release by the hospital of inpatient hospitalization. Deaths are included in discharges. Transfers between levels of care are also considered discharges i.e., GAC to Skilled Nursing.

Emergency Medical Services (EMS)

Hospital services providing immediate initial evaluation and treatment of acutely ill or injured patients on a 24-hour basis.

Licensed EMS levels are:

Standby - the provision of emergency medical care in a specifically designated area of the hospital that is equipped and maintained at all times to receive patients with urgent medical problems, and capable of

providing physician services within a reasonable time (See Title 22, Division 5, Sections 70651-70657, California Code of Regulations, for details).

Basic - the provision of emergency medical care in a specifically designated area of the hospital that is staffed and equipped at all times to provide prompt care for any patient presenting urgent medical problems (See Title 22, Division 5, Sections 70413-70419, California Code of Regulations, for details).

Comprehensive - the provision of diagnostic and therapeutic services for unforeseen physical and mental disorders that, if not properly treated, would lead to marked suffering, disability, or death. The scope of services is comprehensive, with in-house capability for managing all medical situations on a definitive and continuing basis (See Title 22, Division 5, Sections 70453-70459, California Code of Regulations, for details).

EMS Station

An Emergency Medical Services treatment station. This is a specific place within the EMS Department adequate to treat one patient at a time. Holding or observation beds are not included.

EMS Visits

Visits made during the year to the Emergency Medical Service Department.

Non-Urgent - a patient with a non-emergent injury, illness, or condition; sometimes chronic; that can be treated in a non-emergency setting and not necessarily on the same day they are seen in the EMS Department (pregnancy tests, toothache, minor cold, ingrown toenail). An applicable CPT code (2001) for this level of service would be 99281 (single problem with straightforward medical decision making).

Urgent - a patient with an acute injury or illness where loss of life or limb is not an immediate threat to their well-being, or a patient who needs a timely evaluation (fracture or laceration). Applicable CPT codes (2001) for this level of service would be 99282 (low complexity) or 99283 (low to moderate complexity).

Critical - a patient presents an acute injury or illness that could result in permanent damage, injury or death (head injury, vehicular accident, a shooting). Applicable CPT codes (2001) for this level of service would be 99284 (no immediate significant threat to life) or 99285 (immediate threat to life).

Extracorporeal Bypass

Routing blood from the body to an external heart/lung machine, which provides circulation and oxygenates the blood.

General Acute Care (GAC) Beds

Beds licensed and classified by the hospital and by DHS's Licensing and Certification Division as Medical/Surgical, Pediatric, Perinatal, Acute Rehabilitation Center, Burn Center, ICU, CCU, Acute Respiratory, or ICNN Beds.

Hospice Program

A hospice program is a centrally administered program of palliative and supportive services which provide physical, psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient.

Intensive Care Newborn Nursery (ICNN)

Provides comprehensive and intensive care for all contingencies of the newborn infant. Infant transport services are an indispensable part of an Intensive Care Newborn Nursery. **NOTE: Infant to RN ratio not to exceed 2:1.**

Intermediate Care (IC)

Long-term Care Services to a patient whose condition does not require the degree of care provided by a General Hospital or Skilled Nursing Facility.

Intermediate Care Hospital/Developmentally Disabled IC/DD (or ICF/DD):

A bed classification and/or hospital classification for providing a special treatment program for persons who are developmentally disabled.

Intra-Hospital Transfer

The formal transfer of an inpatient, usually during a single hospitalization, from one nursing care unit, clinical service

Labor, Delivery, and Recovery (LDR):

A program, formerly approved as ABC (Alternative Birthing Center) for low risk mothers, by the Licensing and Certification Division, DHS. It is in a home-like setting with equipment and supplies for uncomplicated deliveries with stays of less than 24 hours. (The beds do not have to be licensed beds).

Labor, Delivery, Recovery, and Post-Partum (LDRP):

A program for all mothers, with equipment and supplies for complicated deliveries, in a home-like setting, with stays which can exceed 24 hours, that has been approved by the Licensing and Certification Division, DHS (and provided in licensed perinatal beds).

Licensed Beds

Licensed beds for the purpose of this report are the number beds licensed by the DHS's Licensing and Certification Division on December 31. This includes beds in suspense.

Licensed Bed Days

The number licensed beds multiplied by the number of days in the reporting period.

Long-term Care (LTC):

Long-term care refers to Skilled Nursing and Intermediate Care.

Medical/Surgical (M/S):

Referred to as Unspecified General Acute Care (GAC); i.e., beds not designated as Perinatal, Pediatric, ICU, CCU, Acute Respiratory, Burn Center, ICNN, or Acute Rehabilitation.

Occupancy Rate:

A measurement of the beds used over a reporting period. Divide the number of patient days by the licensed bed days.

Patient (Census) Day:

A unit of measurement denoting the services received by one inpatient in one 24-hour period.

Patient (Census) Days:

The sum of all inpatient service days for each day of the reporting period.

Pediatric Service

The observation, diagnosis, and treatment (including preventive treatment) of patients under 14 years of age.

Percutaneous Balloon Pulmonary Valvuloplasty (PTBV):

This procedure involves a catheter with a balloon that is threaded in the femoral vein (leg) up into the heart and across the pulmonary valve located in the heart. The pulmonary valve is usually tight with stricture or stenosis. The balloon is then inflated by hand pressure. The process (inflation and deflation) may be repeated several times in order to increase the diameter of the valve. This is usually done in the outpatient setting (no anesthesia, no scarring results and hospital stay is very short). Open-heart surgery can be avoided, especially in young patients.

Percutaneous Transluminal Coronary Angioplasty (PTCA):

This is a procedure where the stent is inserted into the coronary artery to prop open the blocked coronary arteries. After the balloon is inserted into the coronary artery and inflated to compress the plaque deposits against the arterial vessel wall, the process is repeated until it maintains patency. It is a balloon angioplasty that can be done on one coronary artery or multiple coronary arteries, with or without thrombolytic agents (clot destroying substances/drugs). This replaces coronary artery bypass surgery in selected cases and is a type of therapeutic cardiac catheterization.

Perinatal Unit

A maternity and newborn service for the provision of care during pregnancy, labor, delivery, postpartum, and neonatal periods with appropriate staff, space, equipment, and supplies (See Title 22, Division 5, Sections 70547-70553, California Code of Regulations, for details). Commonly called maternity or obstetrical.

Permanent Pacemaker Implantation (PPI)

This is a type of therapeutic cardiac catheterization.

Principal Service

This is the category which best describes the type of service provided to the majority of patients.

Psychiatric Health Facility (PHF)

A hospital that provides 24-hour inpatient care for mentally disordered, incompetent, or other persons. Such care shall include, but not be limited to, the following basic services: psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient settings.

Subacute Care

Subacute care is comprehensive inpatient care designed for someone who has had an acute illness, injury, or exacerbation of a disease process. It is goal-oriented treatment rendered immediately after, or instead of, acute hospitalization to treat one or more specific active complex medical conditions or to administer one or more technically complex treatments, in the context of a person's underlying long-term conditions and overall situation.

Suspense ("In Suspense")

Occurs when a licensee requests that the hospital license, or some licensed beds, be temporarily taken out of service, or when the Licensing and Certification Division of the Department of Health Services does so on its own (See Title 22, Division 5, Sections 70129-70135, California Code of Regulations, for details).

Swan-Ganz Thermodilution Cardiac Output Catheter

This is a soft flow-directed catheter with a balloon at the tip for measuring pulmonary arterial pressures. The pulmonary artery connects the heart to the lungs.

Swing Beds

Beds licensed for general acute care which may be used, with the approval of the Licensing and Certification Division, Department of Health Services, as skilled nursing beds.

Thrombolytic Agents

Chemicals introduced by cardiac catheter or I.V. to dissolve blood clots lodged in arteries, e.g., Streptokinase Infusion.

Venous Line Catheter

A long, fine catheter introduced into a large vein to administer fluids or medications, or for the measurement of central venous pressure.

ANNUAL UTILIZATION REPORT OF HOSPITALS

PAGE 9 – CARDIAC CATHETERIZATION

DIAGNOSTIC CATHETERIZATION (Column. 1)

Electrophysiologic Studies
 Gradient Measurement (blood pressure)
 Sones Heart Cath.
 Judkins Heart Cath.

THERAPEUTIC CATHETERIZATION (Column. 2)

Ablations
 Aortic Dilation
 Aortic Valvuloplasty
 Atherectomy
 Atrial Septostomy
 Balloon Septostomy
 Directional Coronary Atherectomy
 Laser Angioplasty (AKA Laser "Blasting")
 Mitral Valvuloplasty
 Percutaneous Transluminal Balloon Valvuloplasty (PTBV)
 Percutaneous Transluminal CORON/ARY Angioplasty (PTCA)(AKA Balloon Angioplasty)
 Permanent Pacemaker Implantation
 Pulmonary Valvotomy
 Streptokinase Infusion (or other hemolytic drug infusion)
 Vena Cava Filter Insertion

NOT COUNTED**(Not Caths or not Cardiac):**

Angiography (non-cardiac)
 Automatic Implantable Cardiac Defibrillator (AICD) (not a cath.)
 Cardioversion
 Hickman and Groshong Catheter Insertion
 Intra-Aortic Balloon Pump
 Percutaneous Transluminal (Balloon) Angioplasty (PTA) (non-cardiac)
 Percutaneous Transluminal Vascular Angioplasty (PTVA) (same as PTA) (non-cardiac)
 Pericardiocentesis (not a cath.)
 Swan-Ganz Thermodilation Cardiac Output Catheter
 Temporary Pacemaker Implantation
 Venous Line Catheter